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CONFIRMATION NO. 1708

|   |   |                               |   |  |                                |
|---|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/923,410  | <b>FILING OR 371(c) DATE</b><br>08/08/2001<br><b>RULE</b>   | <b>CLASS</b><br>345           | <b>GROUP ART UNIT</b><br>2628   | <b>ATTORNEY DOCKET NO.</b><br>9503-002-64 CONT |                                |
| <b>APPLICANTS</b><br>Christopher S. Weaver, Darnestown, MD;<br><b>** CONTINUING DATA *****</b> <i>Yes</i> <i>kn</i><br>This application is a CON of 09/329,995 06/11/1999 PAT 6,404,426<br><b>** FOREIGN APPLICATIONS *****</b> <i>No/A</i> <i>kn</i><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 08/23/2001</b> |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <i>kn</i> <i>kn</i><br>Examiner's Signature Initials                 |   | <b>STATE OR COUNTRY</b><br>MD | <b>SHEETS DRAWING</b><br>9  | <b>TOTAL CLAIMS</b><br>20                      | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>47604   |   |                               |   |  |                                |
| <b>TITLE</b><br>METHOD AND SYSTEM FOR A COMPUTER-RENDERED THREE-DIMENSIONAL MANNEQUIN   |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>695   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |